	5			
	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASE	D:
	refull gibly.	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Wicon	mico
		CITY (If outside corporate limits, write RURAL (in this place)  A TOWN Cambridge 1 mo. 15 da	CITY(If outside corporate limits, write RURAL a	
	information	HOSPITAL OR INSTITUTION OR STREET ADDRESS EASTERN SHORE STATE HOSPITAL	STREET (If rural give location) ADDRESS	1
	m of inf death cl	3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Carrie Ella (Chappell)		Day) (Year) 31 1955
	ite of	5. SEX:   6. COLOR OR 7. SINGLE. MARRIED.   8. DATE   WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
5 <sub>N</sub>	causes	Female White (Specify): W May  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  Housewife ———	11. BIRTHPLACE (State or foreign country): 12.  Pennsylvania	CITIZEN OF WHAT COUNTRY? U.S.A.
INDI	Supply ite the c	13. FATHER'S NAME:  Martin Chappell	14. MOTHER'S MAIDEN NAME: Eliza Saver	
OR B	INK. Su	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: RECORDS: Eastern Shore State	Hoemital
MARGIN RESERVED FOR BINDING	WITH UNFADING nt. Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I MMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  18, MEDICAL CERTIFICATE  (A)  DUE TO  (B)  DUE TO  (C)	c. Myocarditis lized arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH SEVERAL SEVERAL SEVERAL SEVERAL
MAI	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ile Psychosis	about 2 years
	3	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	<b>V</b>	26. AUTOPSY7
	of	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
-	R WRITE is especia	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
- 10 - 53	SE TYPE 0]		8:30 aM, from the causes and on the date s	stated above. E SIGNED
io	δ. O	REMOVAL (SPECIFY)		county) (State)

4-3-55

REGISTRAR'S SIGNATURE

2644

PLEA

VS.

Burial

DATE REC'D BY LOCAL

REGISTRAR 3-3/- JJ

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. //6

Delmar, Delaware

Methodist

First

CERTIFICATE OF DEATH

ADDRESS

DECENTED

SEET TO RAY

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

02615

Reg. Dist.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

1. PLACE OF DE	CAL EXAM			NCE (HOME) OF DECEASED:	No. // L
COUNTY	Dorchester	MARYLAND	STATE MOR	vland county Doro	chester
CITY (If outside	de corporate limits, write	DIIDAL LENCTH OF STA	Y CITY (If outside	e corporate limits write RURAL an	
OR and give	nearest town) Cambridge	(in this place) 12 hours	TOWN H	urlock	X
HOSPITAL OR INSTITUTION STREET ADDR	or ESSCambridge-l	Maryland Hosp.	STREET ADDRESS	(If rural, give location)	1
3. NAME OF DECEASED: (Type or Print	(First)	(Middle) Lee	(Last) Berdaux	4. DATE (Month) (Da OF DEATH March	y) (Year) 31. 19 55
s. sex:	6. COLOR OR 7. SIR RACE: WI	NGLE, MARRIED, 8. DA		9. AGE last birthday: IF UNDER 1 Months I	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCC	CUPATION (Give kind of luring most of work life ed): Infant	1 10b. KIND OF BUSINESS	OR 11. BIRTHPLAC		CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S N.			14. MOTHER'S MA		
Al	vin B. Berdaux		Nellie B	lount	
15. WAS DECEASE (Yes, no, or unk.)	D EVER IN U.S. ARMED FORCE (If Yes, give war or dates service)	es? 16. Social Security No.: None	Alvin B. Ber	ADDRESS: daux, Hurlock, Maryl	and
			CAL CERTIFICATION		INTERVAL BETWEEN
527	conditions directly				ONSET AND DEATH
Immediate			tory infect	ion	3 days
Antecedent	cause(s)				
Diseases or c	onditions, if any, (b) to the above cause DUE TO				
	rlying cause last (c)				
TO THE DE	FICANT CONDITIONS CATH BUT NOT RELATE	ONTRIBUTING FED TO THE DEATH.			
		R FINDING OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🔯
	CAUSE WAS 21	b. PLACE (Home, farm, facto	ry,   21c. (City or to	wn) (County)	(State)
PRIMARY OF OF	CONTRIBUTING	OF street, office bldg., e 1NJURY			
21d. TIME (Mont) OF INJURY	h) (Day) (Year) (Hour M	1NJURY    21e. 1NJURY OCCURRED   While at Not while   work   at work	21f. HOW DID	INJURY OCCUR?	
PRIMARY or CAUSE OF DEA 21d. TIME (Month OF INJURY 22. I hereby of	(Day) (Year) (Hour Mertify that I took characteristics	1NJURY  21e. 1NJURY OCCURRED While at Not while work at work at work arge of the remains desci	21f. HOW DID	n Autopsy 🗌 , Inspection 🖸	
PRIMARY or CAUSE OF DEA 21d. TIME (Month OF INJURY 22. I hereby of	(Day) (Year) (Hour Mertify that I took characteristics	1NJURY  21e. 1NJURY OCCURRED While at Not while work at work at work arge of the remains desci	21f. HOW DID  ribed above, held a  cident □, Suicide  CHIE  DEPU	n Autopsy  , Inspection    , Homicide  , Undete f MEDICAL EXAMINER    TY MEDICAL EXAMINER	rmined cause .  DATE SIGNED
PRIMARY OF DEA CAUSE OF DEA 21d. TIME (Month OF INJURY 22. I hereby of find that of SIGNATURE	tertify that I took challeath resulted from:	INJURY    11e. INJURY OCCURRED   While at   Not while     work   at work     arge of the remains described by Access   A	21f. HOW DID  ribed above, held a  cident □, Suicide  CHIE  DEPU	n Autopsy  , Inspection    , Homicide  , Undete  THE MEDICAL EXAMINER    THE MEDICAL EXAMINER    STANT MEDICAL EXAM.	prmined cause DATE SIGNED 3-31-55
PRIMARY OF OF CAUSE OF DEA 21d. TIME (Mont OF INJURY)  22. I hereby of find that of SIGNATURE  23. BURNAL, CR.	tertify that I took chaleath resulted from:  EMATION, DATE THE	INJURY    21e. INJURY OCCURRED   While at   Not while   at work   arge of the remains described   Natural causes   K. Accept   NAME OF CEMET.	21f. HOW DID  ribed above, held a  cident ☐, Suicide  CHIE  DEPT M. D. ASSI  ERY OR CREMATORY	n Autopsy  , Inspection    , Homicide  , Undete  THE MEDICAL EXAMINER    THE MEDICAL EXAMINER    STANT MEDICAL EXAM.	ormined cause D.  DATE SIGNED  3-31-55  Ounty) (State)
PRIMARY OF CAUSE OF DEA 21d. TIME (Month OF INJURY)  22. I hereby of find that of SIGNATURE  23. BURNAT, CR.	ertify that I took challeath resulted from:  EMATION, DATE THE Specify:  April 2,  BY LOCAL   REGISTRAF	INJURY    11e. INJURY OCCURRED   While at   Not while     work   at work     arge of the remains described by Access   A	21f. HOW DID  ribed above, held a cident , Suicide CHIE DEPT M. D. ASSI ERY OR CREMATORY Cemetery  24. FUNERAL DI	n Autopsy , Inspection , Undeter , Homicide , Undeter , Undeter , Undeter , Undeter , Medical examiner , Location (City, town, or on Near Hurlock, Mar.	parte signed  3-31-55  ounty) (State)  yland  Address

APR 5 1955

MARGIN RESERVED FOR BINDING

Reg. Dist. No. 116

I. PLACE OF DEATH. COUNTY Cochester MARYLAND	2. USUAL RESPONDE (HOME) OF DECEASED. COUNTY BUCKESTE
CITY (If outside corporate Maits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge, Ma	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (Type or Print) Maril Dear	Blades 4. DATE (Month) (Day) (Year) DEATH 3 3 1957
6. COLOR OF HACE 7. SINGLE, MARRIED, WITOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   I/under. 1 year   If under 24 hrs.   Months.   Days   Hours   Min.   Min.
10a. USUAD OCCUPATION (Give kind of) work of Kind of Business or done during most of working life, every if retired)	IV. BIRTUPLACE (State or foreign country)  12. CATIZEN OF WHAT
13. FATHER'S NAME A rakey	14. MOTHER'S MATTEN NAME (Low Last)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	Traller Spear, Thema Ma
18. MEDICAL CE	INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Acute Polymon	rasz Oldena /hour
Antecedent cause(s)  Diseases or conditions, if any, (b)	Heart Failur 5 days
giving rise to the above cause stating the underlying cause last	rolie Hemstrucive
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	orheevlar Rual Disease 45colot
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \( \text{No } \text{X} \)
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE INJURY  PLACE (Home, farm, factory, street, OF office, bldg., etc.),	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-2	, 1953., to 3-3, 1955., that I last saw the deceased
alive on 3	O:50 Pm, from the causes and on the date stated above.  DATE SIGNED
23. BURIAL, CREMATION DATE / NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIBECTOR DIRESS
REG. 3-8-55 John Mace Je. m.D.	1 Buch Truenggory
	ceast new marker, my

DECELVEDE

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

				21	54	5	
1.	PLACE	OF	DEA	TH:		U	
	COUN.	TY	Do	rcha	ste	r limits,	
	CITY	(lf c	utsic give	e corpo	rate	limits,	•
X	TOWN	Ca	umb:	ridge	е,	rura	

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MARGIN RESERVED FOR BINDING

2. USUAL RESIDENCE (HOME) OF DECEASED

MARYLAND ate limits, write RURAL LENGTH OF STAY (in this place) mo..17 days STATE Maryland COUNTY Palbot
CITY(If outside corporate limits, write RURAL and give nearest town)

OR TOWN Bozman STREET ADDRESS

(If rural give location

State Hospita

4. DATE (Month)

(Day) (Year) DEATH: Mar. 21 55 IF UNDER 24 HRS

NAME OF DECEASED: (Type or Print)

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

NORMAN

LAMONT COLOR OR | 7. SINGLE. MARRIED. WIDOWED, DIVORCED

9. AGE jast birthday IF UNDER 1 YEAR

Months

RACE:

(Specify): male white 10B. OF BUSINESS KIND OR INDUSTRY: work done during most of working life,

New Jersev

60

11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? U.S.

even if retired): 13. FATHER'S NAME: John N. Brundage

18. SOCIAL SECURITY NO.

MOTHER'S MAIDEN NAME

Eastern Shore State Hospital records

of service) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

lawver

\_Chronic\_mvocarditis

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE ANTECEDENT CAUSE (S)

S. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates

DISEASE OR CONDITION CAUSING DEATH.

(B) Pneumonia

unk unk.

(County)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

198. MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory,

18. MEDICAL CERTIFICATION

Alzheimer's Disease

INJURY OCCUR?

unk. 20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. RIT (IF EITHER, NOTIFY MEDICAL EXAMINER)

19A. DATE OF OPERATION:

21E INJURY OCCURRED

21c. WHERE DID (City or town)

NO X (State)

00

OF "INJURY

21D. TIME (Month) (Day) (Year) (Hour) Not while

22. I hereby certify that I attended the deceased from Feb. 4, 19.55 to March21, 19.55 that I last saw the deceased alive on .. Mar. .. 21 ..., 19.55, and that death occurred at 9:40 aM, from the causes and on the date stated above. DATE SIGNED

M. D. E.S.S.H. Cambridge, Md.

21F. HOW DID INJURY OCCUR?

23. BURIAL, CREMATION,

DATE THEREOF REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)



S361 ... 3622



FOR BINDING

RESERVED

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2261 II AAM

BEGEINE

The

Supply every item of information carefully.

DATE REC'D BY LOCAL REGISTRAR

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2617

CERTIFI	CATE OF	DEATI	H	Reg. Dis	st. No.	16
1. PLACE OF DEATH:	2. USU	AL RESIDEN	CE (HOME) O	F DECEASI	ED:	
county Dorchester MARYLAN			and coun		leen Anne	
CITY (If outside corporate limits, write RURAL and give nearest town)  Cambridge  Cambridge	of STAY CITY OR DIAGRAM		reville	rite RURAL	and give near	2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Ho		EET ORESS	(If rural )	give location	1)	/
3. NAME OF (First) (Middle) DECEASED:	(Last)		4. DATE (M	onth)		ear)
(Type or Print) Mary Louise		molly	DEATH:	March		55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCED. (Specify): Widowed	1-13-1876	гн: 9.7	AGE last birthday	Months	Days Hours	Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife		THPLACE (Sta	te or foreign co		CITIZEN OF COUNTRY?	F WHA
13. FATHER'S NAME:	14. MO	THER'S MAIL	EN NAME:			
Joshua Chance	I I	Anna W. W	Jyatt			
B. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECUR	TY No. 17. INF	ORMANT & A	ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates no of service) — Unknown	1 Eas	stern Sho	re State	Hospita	al Record	is
18. MEDICAL CI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE					INTERVAL I	
IMMEDIATE CAUSE (A) Art	eriosclerotio	e Heart D	)isease		5 yrs.	plu
ANTECEDENT CAUSE (S)					70	-7
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	eralized Arte	erlosciei	.0212		10 yrs.	, pru
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF C	PERATION				20. AUT	
none					YES	NO 🔀
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		WHERE DID	(City or town)	(Cour	nty) (S	tate)
	while 21F. H	TNI GIG WOF	URY OCCUR?			
22. I hereby certify that I attended the deceased from	1-7, 19	53, to 3-	-7, 19 55,	that I las	t saw the d	ecease
alive on, 19.55, and that death occ				the date		
Neone E. Cennes	M. D.	men	des lu	of. 3	3-7-5	5
23. BURIAL, CREMATION, DATE THEREOF NAME OF	F CEMETERY OR C	REMATORY	OCATION (C	ity, town, o	v county)	State

DECEIVED

MAR 8 1955

BUREAU V. S.

Ceast new market, mx

MARGIN RESERVED FOR BINDING

## CERTIFICATE OF DEATH

eg. Dist. No. 1/2

	$\Lambda$
1. PLACE OF DEATH- COUNTY Stelles MARYLAND	2. USUAL RESIDENCE (HOME) OF DICEASED-COUNTY
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this lylace)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) DECEASED (Type or Print) DECEASED	CONKIAN 4. DATE (Month) (Day) (NOTE) DEATH 3. / 2
5. SEX	8. DATE OF BIRTH 9. AGE last hirthday   I/under 1 year   If under   Months.   Days   Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even to retired)	11. BIRTHPLACE (State or to eign country) 12 CIVIZEN OF CHARTY
13. FATHER'S NAME. D. Murphy	14. MOTHER'S MAIDEN NAME OF ATA
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	mis Issue a- orderan, Juna,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, (b)	Corvian occlusion Sudde
giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS
	Yes 🖂 N
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work	HOW DID INJURY OCCUR?
ancue hayanor M.D	ADDRESS  RY OR CREMATORY LOGATION (City, town, or county)  (Statement of the causes and on the date stated above.  DATE SIGN  (Statement of the causes and on the date stated above.  DATE SIGN  (Statement of the causes and on the date stated above.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/13-/8 5 Clus about 1. 6 v all	The stilling hay address

RECEIVE

		MAKGIN
	]	
1		

	DEATH:				2. USUAL RESI	DENCE (HOME) OF DECE	ASED:	
COUNTY	Dorche	ster	MARYLAN	ND.	STATE Mar	yland COUNTY Do	chester	
CITY (If		te limits, write	RURAL LENGTH			e corporate limits, write RUR Vienna		vn)
HOSPITAL INSTITUTI STREET A	OR ON OR				STREET ADDRESS	(If rural give loca	tion)	
3. NAME OF	(Fir	st)	(Middle)	(1	Last)	4. DATE (Month)	(Day) (Year)	
(Type or P	rint) HU	rden	Selven		emby	OF March	26 155	
5. sex: Ma <b>le</b>	Colored	(Specify)	Single	S ept.	15, 1914	9. AGE last birthday 40 yrs. Month	s Days Hours Mis	n.
Work done deven if reti	CCUPATION (Cluring most of ved): Unemp	Give kind of to working life, loyed	OR INDUSTR	Y:	Vienna, Ma	(State or foreign country):	U.S.A.	AT
13. FATHER'S					14. MOTHER'S			_
		ward Demb			Mary Alic			
(Yes, no or uni	b EVER IN U.S. k.) (If Yes, giv of service)	ARMED FORCES? e war or dates	None	RITY No.	Luther E.	Demby, Vienna, Ma	aryland	
ANTECEI DISEASES OF GIVING RISE	EDIATE CAUSE DENT CAUSE R CONDITIONS TO THE ABO DERLYING CA	(S) S, IF ANY, VE CAUSE	(A) Pulr DUE TO  (B) DUE TO	monary	Tuberculo	sis Far Advanc	ed	
TO THE DE	ATH BUT NOT	ONDITIONS CO T RELATED TO N CAUSING D	ONTRIBUTING THE					
19A. DATE OF			FINDINGS OF	OPERATION			20. AUTOPSY	7
21A. ACCIDEN OR CONTRIBUT	TING CAUSE	OF DEATH O	IB. PLACE (Home F INJURY street,	e, farm, facto office bldg., o	21c. WHERE	DID (City or town) (CUR?	County) (State)	
TID. TIME (Mo	onth) (Day) (	Year) (Hour)		occurred t while work	21F. HOW DID	INJURY OCCUR?		
22. I hereby	certify that	I attended th	he deceased fro	m 23. Ma	r , 19.55 to .2	26 Mar, 1955, that I	last saw the deceas	ec
	26 Mar	, 1955., an	d that death oc	curred at 5	:30 PM, from	the causes and on the d	ate stated above.	



2361 7 A9A

uMace fr. m. D

DATE REC'D BY LOCAL REGISTRAR

Herbert M.St.Clair, Jr., Cambridge, Md.

4043	CERTIFICATI	E OF DEAT	H Reg. D	ist. No. 116			
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED:			
COUNTY Dorchester	MARYLAND	STATE Mary	land COUNTY DOI	rchester			
CITY (If outside corporate limits, wri	te RURAL LENGTH OF STAY		orporate limits, write RURA				
13 TOWN Cambridge	(in this place)	TOWN Cambi	ridge	12			
HOSPITAL OR	DITE	STREET	(If rural give location	on)			
STREET ADDRESS Phillips	Street Extd.	ADDRESS Ph:	illips Street	Extd.			
3. NAME OF (First) DECEASED: DATES	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)			
(Type or Print) DALSY		AMBY	DEATH: Nar.	7 19 55			
Female   6. COLOR OR   7. SING WIDTO   Specific	owed, divorced, sify Married July		AGE last birthday Months 8	Days Hours Min.			
IOA. USUAL OCCUPATION (Give kind of)	108. KIND OF BUSINESS			2. CITIZEN OF WHAT			
work done during most of working life, even if retired): Laborer	Food Factory	Dorchester	County, Md	USA			
13. FATHER'S NAME:	rood ractory	14. MOTHER'S MAI		UDA			
Henry Warfie	eld	He	enrietta Ward				
(Yes, no, or unk.) (If Yes, give war or dat		17. INFORMANT &	ADDRESS:				
of service)	222-05-6518	Dora Harri	s, Cambridge,	Maryland			
	18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN			
I DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH		~ 1	ONSET AND DEATH			
443 IMMEDIATE CAUSE	(A) Conjust	we Hourt	- Faclice	6Mas			
ANTECEDENT CAUSE (S)	DUE TO	- 0.1		2			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) Papper	eusa CV					
STATING UNDERLYING CAUSE LAST.	DUE TO	2-1	_				
TY OTHER SIGNIFICANT CONDITIONS	(c) Willia-	Alluses	jar.	(.			
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	TO THE	ulto		4mas			
19a. DATE OF OPERATION: 198. MAJ	OR FINDINGS OF OPERATION	N		20. AUTOPSY?			
				YES NO			
1A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, R CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   INJURY OCCUR? (County) (State)							
21D. TIME (Month) (Day) (Year) (Hour OF INJURY	While Not while	21F. HOW DID IN	JURY OCCUR?				
22. I hereby certify that I attended		, 1946 to MA	1.7, 19.5.3 that I la	ast saw the decease			
alive on Mul. 7., 195),	and that death occurred at	ADDRESS	causes and on the dat	e stated above.			
14 Thompson	M	.D. Caushred	e hed m	W.8,55			
23. BURIAL. CREMATION, DATE THE	REOF NAME OF CEMETE	RY OR CREMATORY					
Burial 3/11/	1955 Waugh Cem		Cambridge,	Maryland			
DATE REC'D BY LOCAL   REGISTRA	AR'S SIGNATURE	24. FUNERAL DI	RECTOR	ADDRESS			

SSEL PL SAM

#### MARYLAND STATE DEPARTMENT OF HEALTH

2630

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

	Reg. Dist. N	0
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
county for chester - MARYLAND	Mary and Count	hester
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (M outside corporate limits, write RURAL and gi	
13 OR give hearest town (in this place)	TOWN Cambridge	13
HOSPITAL OR	STREET (If rural, give location)	1
67 INSTITUTION OR STREET ADDRESS Cambridge - Md. Hospital	ADDRESS Franklin St.	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print)	Gootee DEATH 3	27 1955
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. /DATE OF BIRTH   9. AGE isst birthday   If under	1 year IIf under 24 hrs
male white WIDOWED, DIVORCED, (Specify) married	3-14-1900   55 yrs.   Months	Days Hours Min.
100 USUAL OCCUPATION (Give kind of work ) 10h King OF BUSINESS OF		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Sea food	Maryland	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Gootee	Henrietta Willey	
15. WAS DECRASED EVER IN II.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	I7. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Claude L Gootee Jr. Cambridge,	Maryland
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
H-20.1		UNBER AND DEATH
Immediate cause (a) He aut fa	eller,	21000
		, ,
Antecedent cause(s) Diseases or conditions, if any, (b)	1. The sour body	6182
giving rise to the above cause		
stating the underlying cause last	Delega in	17
II. OTHER SIGNIFICANT CONDITIONS	manning gen	
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
· ·		
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
SUICIDE OF office bldg., etc.)	(000112	(042442)
HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m.   Work   At work	2.11	
22. I hereby certify that I attended the deceased from	1953 to Mac 27 1955 that I last a	saw the deceased
alive on May 27, 19.53, and that death occurred at.	1.7.2.1m., from the causes and on the date st	
SIGNATURA (Degree or title)	ADDRESS	DATE SIGNED
James a (hoursen MC)	auchord & Mal Ma	a12755
	ERY OR CREMATORY LOCATION (City, town, or coun	ity) (State)
DEMONAT (Specify)	Memorial Park   Cambridge, Maryl	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3-29.55 Oal Mars. m. B.	LeCompte Funeral Service	

Cambridge, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

2361 18 AAM

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2631

The

Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

DATE REC'D BY LOCAL REGISTRAR

2-16-55

John Mace, m.D.

VS. A15-10-53

CERTIFICATE OF DEATH

Herbert M.St.Clair, Jr., Cambridge, Md.

#031	CERTIFICATI	E OF DEATH Reg.	Dist. No. //6
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DEC	EASED:
COUNTY Dorchester	MARYLAND	STATE Maryland COUNTY	Dorchester
CITY (If outside corporate limits, write on and give nearest town)  /3 TOWN Cambridge	RURAL LENGTH OF STAY (in this place)  5 VYS	CITY(If outside corporate limits, write RU OR TOWN Cambridge	RAL and give nearest town
HOSPITAL OR INSTITUTION OR GYSTREET ADDRESS 448 High S		STREET   If rural give lo	/
3. NAME OF DECEASED: (Type or Print) SUDIE	(Middle)	(Last)  4. DATE (Month) OF DEATH: MATO	(Day) (Year)
5. SEX:   6. COLOR OR   7, SINGLE RACE: WIDOW	MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday Mon	the Days Hours Min.
Pemale Negro (Specify OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retitinemployed	Widowed Augus DB. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country) Accomac County, Va.	LO
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
John Stur	gis	Anne Haley	
(Yes, no, or unk.) (If Yes, give war or dates	None	Susie Matthews, Cambri	dge. Marvland
	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Cerebral	Hemorrhage	1 day
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hypertensi	ve Arteriosclerotic Hea	ease
STATE STATE OF STATE STA	(C)		
II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING I	THE		
	R FINDINGS OF OPERATION		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 2 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1B. PLACE (Home, farm, fact F INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) etc. INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended t	he deceased from Sep	t , 19 54to 11 Mar, 1955, that	I last saw the decease
		11:15M, from the causes and on the	
Viden Faxcest	J. EDWIN FASS	THE 227 Kin 15	MARCH 53
Removal (Specify) Removal - Burial 2/16/1	.955 Pungoteagu	ERI OR CREMAION	
DATE REC'D BY LOCAL   REGISTRAR			ADDRESS

297月日本美国 国际政治学 10年10月日 10月日

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# 2650 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02626

CERTIFICATI	E OF DEAT	H Reg. D	ist. No. 116
1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEA	SED:
COUNTY Dorchester MARYLAND	STATE Maryland county Wicomico		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside co	orporate limits, write RURA	L and give nearest town)
X TOWN Cambridge 12 yrs. 11 m		onsburg	22X - 2
HOSPITAL OR 12 days	STREET ADDRESS	(If rural give locati	on)
16 STREET ADDRESS EASTERN SHORE STATE HOSPITAL	ADDRESS		<b>V</b>
OT TOTAL OF	(Last)	4. DATE (Month)	(Day) (Year)
OECEASED: (Type or Print) Thomas William	Hitchens	DEATH: March	23 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9	. AGE last birthday IF UNOE Months	
	y, 1867	87 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	II. BIRTHPLACE (S	tate or foreign country):  1	2. CITIZEN OF WHAT
even if retired): Carpenter	Maryland		U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MA		
Levin Hitchens	Julia Ar	"VeV	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates of service)	RECORDS. F	Eastern Shore St	ate Hoenital
18. MEDICAL CERTIFICAT		Dayouth Dhote De	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
592X	A		72 hours
IMMEDIATE CAUSE (A) COPONARY DUE TO	Occlusion		/2 nours
ANTECEDENT CAUSE (S)			
	Nephritis		unknown
STATING UNDERLYING CAUSE LAST.			
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT BELATED TO THE			10
DISEASE OR CONDITION CAUSING DEATH. PSYCHOSI 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		al Arteriosclero	
198. MAJOR FINDINGS OF OPERATION	N		YES NO X
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DI INJURY OCCUR	D (City or town) (Co	ounty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	IJURY OCCUR?	
22. I hereby certify that I attended the deceased from4 -	- 12 1954, to	3-23 . 19.55 that I l	ast saw the deceased
alive on 3-23 , 19.55, and that death occurred at			
SIGNATURE	ADDRESS		DATE SIGNED
Harry Grawford M	1. DESSHOOL GA	mbridge my	march 24,1955
BURIAL CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town	or county) / (State)
Much 26-55 Vilmily	Hem. Fach	Salitur 1	na.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DI	RECTOR D	APDRESSA /
REGISTRAR 3/25/56 John mouse ond.	Mulm	of res. you	when Med

VS. A15-10-53

MAR 28 1655

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2651 CERTIFICATE OF DEATH

OERTIFICATI	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL (in this place)  Town Cambridge,  LENGTH OF STAY (in this place)  I mth.10 das	CITY(If outside corporate limits, write RURAL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.	STREET (If rural give location)
DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: March 22 1955
5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   RACE; WIDOWED, DIVORGED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR OF UNDER 24 HRS.  29, 1889 65 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland  U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Nock	Ella (maiden name unknown)
(Yes, no, or unk.) (If Yes, give war or dates of service)	Eastern Shore State Hosp. Records
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  (B)  (C)  (C)	Myocarditis 2425. plus
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PSYCHE	arterio sclerosis deps. plus
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	YES NO X
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, etc.   21C. WHERE DID (Clty or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb.  alive on Mar. 22 , 19.55, and that death occurred at SIGNATURE H. Reddeck	12:40 M, from the causes and on the date stated above.  ADDRESS ADDRES
Burial 3-24-55 Bucker	ery or CREMATORY PLOCATION (City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  RE	24. FUNERAL DIRECTOR ADDRESS



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VS. A15 — 10 - 53	YPE
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	NT OF HEALTH—BALTIMORE, 18	02629
2652 CERTIFICAT	TE OF DEATH Reg. Dis	t. No. 116
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Dorchester MARYLAND	STATE Md. COUNTY To	albot
CITY (If outside corporate limits, write RURAL (in this place)  Town Cambridge 2 mos. 20 d.	Y CITY(If outside corporate limits, write RURAL OR BOZMAN	and give nearest town
HOSPITAL OR INSTITUTION OR Eastern Shore State Hospital	STREET (If rural give location	
3. NAME OF (First) (Middle) DECEASED: Decease	(Last) 4. DATE (Month)	Day) (Year)
(Type or Print) Dessie Catherine	Jump DEATH: March	28 19 55
RACE: WIDOWED, DIVORCED.	y 15, 1876  9. AGE last birthday Months 78 yrs.	YEAR   IF UNDER 24 HRS. Days   Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) housewife	11. BIRTHPLACE (State or foreign country): 12.  Maryland	CITIZEN OF WHATCOUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Gustavus Steilkie	Nettie (Maiden name unknown	a)
IS. WAS DECEASED EVER IN U.S. ARMEO FORCES! IS. SOCIAL SECURITY NO.		
(Yes, no, or unk.) (If Yes, give war or dates of service)	Eastern Shore State Hospital	l Records
18. MEDICAL GERTIFICA  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  H 2	d Arteriosclerosis	onset and death
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) Chronic Myc	ocarditis	2 yrs. plus
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis Williams	ith Cerebral Arteriosclerosis	unknown
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ON .	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (Country, etc., etc., INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Janualive on Mar. 28, 19.55, and that death occurred a SIGNATURE	at 3:35P M, from the causes and on the date	
	M. D. Cambridge, Ma. TERY OF CREMATORY LOCATION (City, town, of me Cerutery Bogman	3/28/35 r efunty) (State Mul)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	29. FUNERAL DIRECTOR	ADDRESS MAN

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2633

#### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

02631

					CE DIGHT	116	
1. PLACE OF DEAT	LH.		2. USUAL RESIDENCE (	HOME) OF DEC	EASED.		
COUNTY	chester	MARYLAND	STATE Maryland COUNTY		hester		
CITY (If outside	corporate limits, write RUR.	AL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give			1)	
	town) bridge	60 years	TOWN Cambr			13	?
HOSPITAL OR TINSTITUTION OF STREET ADDRESS	OR 208 Maryland	Avenue	STREET ADDRESS 208	Maryland	Avenue	/	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	REBECCA	WHERETTE	LANTZ	OF DEATH	March	15, 19	55
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birtl	day   If under	1 year   If und	er 24 h
Female	White	WIDOWED DIVORCED, (Specify) Idowed	5-15-1875	79	yrs.	Days Hours	1
done during most of HOUSEWIIC	PATION (Give kind of work working life, even if retired)	IOb. Kino of Business on Industry home	Baltimore,		12	COUNTRYS . A	WHA
13. FATHER'S NA			14. MOTHER'S MAIDEN	NAME			
Thomas	Wherette		Not Kn	own			
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY No.	17. INFORMANT AND				
no, or unknown	(If yes, give war or dates (	none	William M. L.	antz, Camb	ridge,	aryland	
		18. MEDICAL CE	RTIFICATION			INTERVAL B	
Diseases or giving rise stating the	ent cause(s) r conditions, if any, to the above cause underlying cause last (c) PICANT CONDITIONS	Coronary o	occlusion			- 1000 to 100 to	
	huting to the death but not ease or condition causing deat	h.					
19a. DATE OF OP	ERATION   19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOP	SYI
						Yes 🗆	No f
21. EXTERNAL CAPRIMARY OR C	AUSE WAS PLA OF INJUING INJUINITY	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STAT	E)
CAUSE OF DEAT			HOW DID INJURY OF	CUR?		-	
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OF				



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02632

#### CERTIFICATE OF DEATH

	neg. Dist	. 140
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	NTYA / -
a richlolis MARYLAND	Maryland	alnohules
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR giventarest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL an OR TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location ADDRESS	4)
3. NAME OF (First) (Middle) DECEASED (Type or Print) CALLES C	(Last) 4. DATE (Month) OF DEATH March	(Day) (Year)
6. SEX 6. COLOR OR HACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MANGED	1 July Do. 1881 / 3 yrs. 1	nder 1 year   If under 24 hrs ths   Days   Hours   Min.
done during most of working life, even if retired)  Light Street Farmer	W. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAMED homas 1. Lord	Mary Bell	
15. Was Decrared Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war of dates of \$2/8-204931	Ray Lord - Hilliam	abung, nd.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	ONSET AND DEATE
56   Immediate cause (a) Strangulatea	ingunal Gernia	2 days
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	<u> </u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUN	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Man.	/, 19.55, to, 19, that I la	st saw the deceased
alive on Man. 11., 19.5., and that death occurred at SIGNATURE (Degree or title)	ADDRESS ADDRESS	e stated above. DATE SIGNED
Robert C. Kingsbury MD	Federaleburg My	. 3-14-55
REMOVAL (Specify) March 15 1957 Zim Ce	inetty Tederalsbur	america.
DATE REC'S BY LOCAL BAGISTRAR'S SIGNATURES	LA FUNERAL DIRECTOR	Federal Story

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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WRITE PLAINLY, WITH UNFADING INK.

especially important. Physicians:

13

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

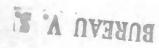
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT 2655 CERTIFICATE	1600	-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland county Talbot	
CITY (If outside corporate limits, write RURAL or and give nearest town)  Y TOWN Cambridge  Cambridge  CITY (If outside corporate limits, write RURAL (in this place) yrs. 9 mos.	CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN St. Michaels	wn)
HOSPITAL OR INSTITUTION OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET (If rural give location) ADDRESS ==	
DECEASED.	Last) 4. DATE (Month) (Day) (Year)	
(Type or Print) Emma B. Marsh	all DEATH: March 23 19	55
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday   IF UNDER 1 YEAR   Hours   Mi	in.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WH COUNTRY?  Maryland U.S.	IAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Henry Burrows	Frances W. Byrd	
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Eastern Shore State Hospital Records	
18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON INTERVAL BETWEE ONSET AND DEA	EEN
42 2 MMEDIATE CAUSE (A) Bronchopne	umonia 4 days	
ANTECEDENT CAUSE (\$) DUE TO Generalize	d Arteriosclerosis 5 yrs.	
GIVING RISE TO THE ABOVE CAUSE DUE TO		-
STATING UNDERLYING CAUSE LAST. (C) Chronic my	ocarditis 5 yrs.	
DISEASE OR CONDITION CAUSING BEATH.	with Cerebral Arteriosclerosis 5 yrs.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	RF.
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec.	L, 19 51 no March23, 19.55, that I last saw the decease	sed
alive on March 23, 19.55, and that death occurred at- SIGNATURE Simon Vivous	D:40 M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  193	5-5

PLEASE TYPE OR correct age VS. A15-10-53 NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION. FUNERAL DIRECTOR LOCAL DATE REC'D BY

STEL 88 NAM





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NAME OF DECEASED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 1/0 CERTIFICATE OF DEATH 2655 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: M aryland COUNTY Dorchester Dörchester MARYLAND CITY(If outside corporate iimits, write RURAL and give nearest town) (If outside corporate limits, write RURAL) LENGTH OF STAY Rhodesdale (in this place) Rhodesdale TOWN STREET (If rural give location) HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS (Middle) (Last) 4. DATE (Month) (Dav) (Year) March Pinkett Daisy (Type or Print) 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER ! YEAR IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: (Specify) Widowed July 11, 1884 Female | Colored IOA. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS II. BIRTHPLACE (State or foreign country): |12, CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: U.S.A. even if retired): Housework Dorchester Co., Maryland 14. MOTHER'S MAIDEN NAME: Home 13. FATHER'S NAME: Eliza Matthews Frank Mowbray 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates Viola Pinkett. Rhodesdale, Maryland None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH

ESERV	UNFAD sicians:	ANTECEDENT CAUSE (S)  (A) <u>Cardiac Decomponsation</u> DUE TO	
IN R	TH U	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OB Hypertensive Arteriosclerotic Heart Disease	
ARG	WI t.	(c)	
MA	LY, lortan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	PLAIN lly imp	Λ	ZO. AUTOPSY?
-	TE P	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 1NJURY OCCUR? (County)	(State)
1	WRI	2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 2IF. HOW DID INJURY OCCUR? While Not while at work at work	

OR 22. I hereby certify that I attended the deceased from 1 Mar, 1955 to 18 Mar, 1955, that I last saw the deceased PLEASE TYPE alive on 18 Mar ..., 1955., and that death occurred at 8:30 R, from the causes and on the date stated above. A15-10-53 J. EDWIN FASSETT M. D. -227 Pine St-Camb., Md. -21 Mar SIGNATURE

DATE THEREOF

BURIAL, CREMATION

REMOVAL (SPECIFY) Thompsontown Cemetery Near East New Market, Md. March 22,1955 Burial 24. FUNERAL DIRECTOR DATE REO'D BY LOCAL J.J. Framptom and Son, Federalsburg,

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

MAR 29 1955

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

416

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH COUNTY MARYLAND COUNTY write RURAL and give nearest town) (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside porate limits. and give nearest town) (in this place) OR TOWN 18 PP STREET (If rural give location) HOSPITAL OR INSTITUTION OR **ADDRESS** STREET ADDRESS (Last) DATE (Month) (Day) (First) (Middle) (Year) NAME OF OF DECEASED

wou

BIRTH

OF

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SINGLE, MARRIED

WIDOWED, DIVORCED

(Specis Marrie

108. KIND OF BUSINESS OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:

even if retired): Hannely

(A)

DUE TO

(B)

DUE TO

198. MAJOR FINDINGS OF OPERATION

While

at work

15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates

8 DATE

MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

More State Hospital Kecore

INJURY OCCUR?

CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

MOTHER'S MAIDEN NAME:

BIRTHPLACE (State or foreign country):

DEATH: /7

in mornel

9. AGE iast birthday IF UNDER I YEAR

Montha

Davs

Hours

12. CITIZEN OF WHAT

4.5

INTERVAL BETWEEN

AND DEATH

AUTOPSY?

(State

NO

(State)

COUNTRY?

21c. WHERE DID (City or town)

CATION (City, town, or county)

YES (County)

20.

, 1954 to March 31 1955 that I last saw the deceased 22. I hereby certify that I attended the deceased from M.L. alive on March and that death occurred at 3:19 M, from the causes and on the date stated above. SIGNATURE ADDRESS .

> NAME OF

21B. PLACE (Home, farm, factory,

21E INJURY OCCURRED

Not while

at work

URIAL, CREMATION, EMOVAL (SPECIFY) 23. BURIAL.

OF "INJURY

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR

DATE THEREOF

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

FUNERAL DIRECTOR

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(Type or Print)

13. FATHER'S NAME

COLOR OR

of service)

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

21A. ACCIDENT WAS UNDERLYING

21D. TIME (Month) (Day) (Year) (Hour)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

19A. DATE OF OPERATION:

STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH

March 31 55 Jaly 64 64 March 31

BUREAU V. S.

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Castern Thora State Hundred Keenels

Many Mariofa would conversely

Puscus

Consequence 2 Oceroja Benoon

A rossmall

PLEASE WRITE PLAINDY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

2636
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S	S CERTIFICATE	OF	DEATH	No. 115
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorcheste	مرد.
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) TOWN Cambridge LENGTII OF STAY (in this place)	CITY (If outside corporate limits write RURAL and g OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 High Street	STREET (If rural, give location) ADDRESS 27 High Street	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) J. RICHARD	(Last) 4. DATE (Month) (Day) OF DEATH MARCH 8	(Year)
	E OF BIRTII: 9. AGE last birthday: IF UNDER 1 YEA	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work life, even if retired): Real Estate Real Estate Agence	R   11. BIRTHPLACE (State or foreign country): 12. Cy   Maryland	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Gordy Smith	Mary E. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
WW I service) None	Richard L. Smith: Cambridge, Mary	rlan-d
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)		Interval Between Onset and Death 5 min.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes   No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory PRIMARY X or CONTRIBUTING OF street, office bldg., etc.		(State)
PRIMARY TO OR CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY 3-8-55 1:10PM. Work at work M	Cambridge Dorchester 216. How DID INJURY OCCUR? Hanged self with sashcord.	Md.
22. I hereby certify that I took charge of the remains descripted find that death resulted from: Natural causes [], Accidental control of the	bed above, held an Autopsy , Inspection , dent , Suicide , Homicide , Undeterm  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Inquiry [], and nined cause [] DATE SIGNED 3-10-55
		2 20 77
REMOVAL (Specify):	RY OR CREMATORY   LOCATION (City, town, or cour	nty) (State)
23. BURAL (REMATION, DATE THEREOF JAME OF CEMETER STRUCK Specify): 3-11-1955 Old Trinity (DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-10-55 Aohan Macan m.D.	RY OR CREMATORY   LOCATION (City, town, or cour	nty) (State)

Reg. Dist.

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 1/6
--	---------	------------	-------------	----	-------	---------

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) TOWN Cambridge 10 years	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR Cambridge-Maryland Hospital STREET ADDRESS	STREET ADDRESS 123 Locus (If Swal, give location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Bessie May Te	(Last) 4. DATE (Month) (Day) (Year) gtmeier OF Mar. 30, 1955 19
DACE. WIDOWED DIVORCED	9. AGE last birthday: IF UNDER I YEAR   IF UNDER 24 HRS. 19, 1877   77   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):Housewife	
13. FATHER'S NAME: Frank Townsend	14. MOTHER'S MAIDEN NAME: Francis Fannie Townsend
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no or unk.) (If Yes, give war or dates of service) 110 none	17. INFORMANT & ADDRESS: Mrs. Chas. B. Roberson, 123 Locust St., Cambridge
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
stating underlying cause last  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No 🛣
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc INJURY	(County) (State)
Zid. TIME (Month) (Day) (Year) (Hour)   Zie. INJURY OCCURRED While at Not while INJURY M.   M.   Work   at work	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes X, Accissionature	
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETER	Y OR CREMATORY   LOCATION (City, town, or county) (State)
BENGYAL (Specify): Apr.1,1955   Mt. Moriah Ce	metery Philadelphia, Pa.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# 2538 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg 0 25 4 ()

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 116
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Deleware county Sussex	
CITY (If outside corporate limits, write RURAL OR and give pearest town) TOWN Cambridge  LENGTH OF STAY (In this place) Week	OR MARIE OF THE PROPERTY OF TH	give nearest town)
HOSPITAL OR CAMBRIDGE Maryland Hospital	STREET (If rural, give location) ADDRESS 421 S. Washington St	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	) (Year)
(Type or Print) LEONARD J. TO	DDD OF DEATH MARCH 10	19 55
6. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 9-6-	9. AGE last birthday: IF UNDER 1 Y	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman   10b. KIND OF BUSINESS O INDUSTRY:  Frozen Food Indu	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edgar Todd	Elsie McGlaughlin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY No.: [Yes, no, or unk.] (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
unknown service) not known	Mrs. Tesse Todd: Milford, Del	.eware
DUE TO	ic ileus.	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a, DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 3/7/55 Cholecyistitis, ch		20. AUTOPSY? Yes No [
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc INJURY	249	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. At work \[ \] at work \[ \]	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes , Acci SIGNATURE	dent [], Suicide [], Homicide [], Undeter  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause DATE SIGNED 3-12-55
Buria 3-13-1955 Dorchester Me	emorial Park   Cambridge, Marylan	d
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-13-55 John Mace, m.D.	24. FUNERAL DIRECTOR   LeCompte Funeral Service	ADDRESS

LeCompte Funeral Service Cambridge, Maryland

DE CELVED

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2658 CERTIFICATE OF DEATH

Reg. Dist. No. //6

The carefully. 2. USUAL RESIDENCE (HOME) OF DECEASED legibly. 1. PLACE OF DEATH Dorchester STATE Maryland Dorchester COUNTY MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL LENGTH OF STAY ll mos. 20 das and give nearest town) and TOWN Cambridge TOWN 110 West End Avenue clearly

HOSPITAL OR

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

COLOR OR 17.

IOA. USUAL OCCUPATION (Give kind of)

work done during most of working life,

even if retired): Storekeeper

S. WAS DECEASED EVER IN U.S. ARMED FORCEST

(Yes, no, or unk.) (If Yes, give war or dates of service)

INSTITUTION OR

(If rural give location) STREET ADDRESS

Cambridge

14. MOTHER'S MAIDEN NAME:

17. INFORMANT & ADDRESS:

Chronic Brain Syndrome Associated with

INJURY OCCUR?

Cerebral Arteriosclerosis W. Psy. Reac.

21c. WHERE DID (City or town)

21F. HOW DID INJURY OCCUR?

(Middle)

108. KIND OF BUSINESS

OR INDUSTRY:

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

(First)

STREET ADDRESS Eastern Shore State Hospital

SINGLE. MARRIED.

WIDOWED DIVORCED (Specify): WIDOWET

(A) DUE TO

(B)

(C)

DUE TO

Holliday

9-29-75

Carcinoma of liver

Chronic Myocarditis

(Last) Warfield

Marvland

Generalized Arteriosclerosis

Sarah Smith

8. DATE OF BIRTH:

11. BIRTHPLACE (State or foreign country):

DATE (Month) 9. AGE last birthday IF UNDER I YEAR

March

Months

(Day) 29

(County)

Days

(Year) 19

Hours 12. CITIZEN OF WHAT

COUNTRY? A.

Eastern Shore State Hospital Records

INTERVAL BETWEEN

ONSET AND DEATH over 1 year over 1 year

over 1 vear over 11 mos 20. AUTOPSY? NO X

(State)

100	Car	ocu	
ve 3-	-30	)-5	55
	(St	ate)	

M. D. E.S.S. Hospital, Cambridge, Maryland NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) James. Maryland Speddens Cemetery 24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service. Cambridge

FOR BINDING Supply the te WF Z please ADING MARGIN RESERVED Physicians

important.

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age TYPE

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> IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION especially 21a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF "INJURY

NAME OF

DECEASED:

(Type or Print)

13. FATHER'S NAME

John R. Warfield

21E INJURY OCCURRED Not while at work 22. I hereby certify that I attended the deceased from April 121954, to 3-29 ...... 1955, that I last saw the deceased , 1955, and that death occurred at 5:07 pm, from the causes and on the date stated abo

23. BURIAL, CAPMATION, REMOVAL (SECIFY)

DATE REC'D BY LOCAL

21B. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.

A15. vi



correct

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#### The Maryland legibly. Dorchester COUNTY MARYLAND STATE OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) carefully. (in this place) OR TOWN Cambridge Life Cambridge and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Washington St Washington St clearly information 3. NAME OF 4. DATE (First) (Middle) (Last) (Month) DECEASED: Waters March Samuel Morgan (Type or Print) DEATH: death S. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS RACE: WIDOWED, DIVORCED, (Specify): Married Mar-7-1873 Male Negro of 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): work done during most of working life. INDUSTRY: item Upper Hill-Som., Co., Md. even if retired): every iten he causes Laborer 13. FATHER'S NAME: Sarah Waters Levin T. Waters 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of Supply Mrs. Josephine Waters-Cambridge. Md. write 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. 420,0 Cardiac Decompensation Immediate cause (a) DUE TO UNFADING Antecedent causes (s) Physicians: (b) Arteriosclerotic heart disease Diseases or conditions, if any, giving rise to the above cause DUE TO stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death WITH important. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (COUNTY) (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) SUICIDE PLAINLY office bldg., etc.) HOMICIDE especially (Day) (Year) (Hour INJURY OCCURED HOW DID INJURY OCCUR?

Work [

DATE THEREOF

2639

I. PLACE OF DEATH:

INJURY

22. I hereby certify that I attended the deceased from 6 Mar 1955, to 20 Mar 1955, that I last saw the deceased 19.55, and that death occurred at ....., from the causes and on the date stated above.

ADDRESS DATE SIGNED alive on 20 Mar EDWIN FASSETT, M.D.-227 Pine St-Cambridge, Md.-21 Mar

At Work

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

COUNTY Dor

(Year)

Hours

12. CITIZEN OF WHAT

USA

Interval Between

Onset And Death

20. AUTOPSY ?

Yes No

(STATE)

COUNTRY?

(Day)

Months Days

LISUAL RESIDENCE (HOME) OF DECEASED:

REMOVAL (Specify) Burisi Bethel Cemetery Cambridge-Dor-Md DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR REGISTRAR H.M. StClair. Zr-High St-Camb. Md. m.D.

WRITE

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2361 88 **NAM** 

DECENED

Dorchester

(First)

Cambridge

RACE:

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION:

STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. //6 2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland county Dorchester MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) OR TOWN Cambridge (If rural give location) STREET **ADDRESS** Choptank Avenue 115 Choptank Avenue (Middle) (Last) 4. DATE (Month) (Dav) (Year) ZACHARIAH WHEATLEY 1955 MARCH DEATH: 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR 6. COLOR OR 7. SINGLE, MARRIED IF UNDER 24 HRS. WIDOWED, DIVORCED. Months Days Hours . (Specify): Widowed 11-20-1873 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT OR INDUSTRY: working life, COUNTRY? Driller Domestic Water Wells Maryland U.S.A. 14. MOTHER'S MAIDEN NAME: Henrietta Palmer

	D 10	Mare   Wille
5 N	ever	IOA. USUAL OCCUPATION ( work done during most of even if retired): Well
	ply	13. FATHER'S NAME:
SINDING	Sup)	John Wheatl
-	V2 +	

1. PLACE OF DEATH:

HOSPITAL OR INSTITUTION OR

(Type or Print)

STREET ADDRESS

COUNTY

TOWN

NAME OF DECEASED

carefully. legibly.

item of information

INK.

UNFADING

WITH

TYPE OR WRITE PLAINLY.

PLEASE

Physicians:

important.

especially

and

death clearly

15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(A)

DUE TO

(B)

(C)

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.

21E INJURY OCCURRED

While Not while

DUE TO

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Steele Wheatley: RFD#3 Cambridge, Md.

21c. WHERE DID (City or town)

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

ONSET AND DEATH

(County)

LOCATION (City, town, or county)

20. AUTOPSY? NO T

ADDRESS

(State)

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203		INSURT		М.		at work		_				
ge	22.	I hereby	certify that I	attended t	the deceased	from 2/2	F., 19.	1.1., to3	19.5.	that I l	ast saw the	deceased
20		alive on .	3/1	19 an	nd that death	occurred a	t 4 /2	M, from the c	auses and o	on the da	te stated ab	ove.
rect		SIGNATUR		han			1	ADDRESS	1.		DATE SIGNED	

NAME OF CEMETERY OR CREMATORY

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL Greenlawn Cemetery Cambridge, Maryland DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR eCompte Funeral Service REGISTRAR Cambridge.

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BECEINED

## 2641 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH ...

MEDICAL EXAMINER 5 CER	THICAIL OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Maryland COUNTY Dorch	hester
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Cambridge  LENGTH OF STAY (in this place)  Life	CITY (If outside corporate limits write RURAL and OR TOWN Cambirdge	d give nearest town)
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1.7
3. NAME OF (First) (Middle)	(Last) 105 Pine Street (Last) 4. DATE (Month) (Day	y) (Year)
DECEASED:	OF	B. 19 55
	E OF BIRTH: 9. AGE last birthday: IF UNDER 1	YEAR   IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer   10b. KIND OF BUSINESS OF INDUSTRY:  FOOD-Packing	R 11. BIRTHPLACE (State or foreign country): 12.  Cambridge, Maryland	CITIZEN OF WIIA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.022
Robert Wilson	Hattie Clash	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	Morriand
	Robert Wilson, Cambridge, 1	Maryland
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    State   California   Califo		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO  stating underlying cause last (c)  Fracture 7	reture y shall	unned.
stating underlying cause last (c) Fractive ?	'ewical spine	immed
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \text{No } \text{D} \)
21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	" Camberidy Donalest	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work [Structure]	struck by car	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes □, Accidentations of the remains described from: Natural causes □, Accidentations of the remains described from:		
REMOVAL (Specify): 3/22/1955 Waugh Ceme		yland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/22/55 Police Mace. m.d.	124. FUNERAL DIRECTOR	ADDRESS
0/22/30 Value 1 lace, m. W.	HETDEL W. D. C. LATI. Of . Cal	HOT TOPE . INIO

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

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. T	2642 CERTIFICATI	E OF DEATH Reg. Dist. No. 116				
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:				
carefull legibly.	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester				
-	CITY (If outside corporate limits, write RURAL on and give nearest town)  73 TOWN  Cambridge  LENGTH OF STAY (in this place) 50 yrs.	CITY(If outside corporate limits, write RURAL and give nearest tow OR TOWN Cambridge /3				
information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Schoolhouse Lane	STREET (If rural give location) / ADDRESS 229 High Street				
ofath	DECEMEN	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Mar. 25, 1955				
ite	RACE: WIDOWED, DIVORCED,	15. 1889  9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS Months   Days   Hours   Min				
every causes	work done during most of working life, even if retired) Laborer  108. KIND OF BUSINESS OR INDUSTRY: Pool Parlor	Dorchester County, Md. USA				
Supply te the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
Sul te 1	Alexander Woolford	Elizabeth Creighton				
WE!	(Yes, no, or unk.) (If Yes, give war or dates of service) 214-07-8955	Mrs Beulah Molock, R.F.D.2, Camb., M				
est./	18. MEDICAL CERTIFICAT	TION INTERVAL BETWEE				
UNFADING sicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  #20.0 IMMEDIATE CAUSE (A) Cardiac Decompensation  DUE TO					
Ul	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS IF ANY. (B) HVDertensi	ve Arteriosclerotic Heart Disease				

DISEASE OR CONDITION CAUSING DEATH. Hypertrophy

OF "INJURY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH

alive on .. SIGNATURE

21E INJURY OCCURRED Not while 22. I hereby certify that I attended the deceased from 29. Jan, 19.55 to 25. Mar, 1955, that I last saw the deceased

DUE TO

(C)

218. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc.

21c. WHERE DID (City or town) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

c Urinary obstruction

(County)

A M, from the causes and on the date stated above. that death occurred at FASSETT, M. D. 227 Pine St-Camb, Md.-28 Mar

REMOVAL (SPECIFY) Burial DATE REC'D BY LOCAL REGISTRAR

23. BURIAL, CREMATION,

3-28-55

24. FUNERAL DIRECTOR - Herbert M. St. Clair, Jr., Cambridge, Md.

Cordtown, Dor. Co., Md. ADDRESS

AUTOPSY? NO [

(State)

VS. A15 - 10 - 53 ASE

TYPE

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APR 4 1955

BUREAU V. S.

Reg.	Dist.
Auch.	A ALJ US

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 116
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THE RESTRICTION OF THE PARTY OF	TE O CHIL		OI.	DUALI	No
1. PLACE OF DEATH:		2. USUAL RESIDENCE	CE (HOME)	OF DECEASED:	
county Dorchester	MARYLAND	STATE Maryl	and con	INTY Dorche	ster
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside OR	corporate lim	its write RURAL ar	nd give nearest town)
3 OR and give nearest town) TOWN Cam bridge	lday	TOWN	Cambr	idge	13
HOSPITAL OR		STREET ADDRESS	(If	rural, give location)	1
STREET ADDRESS Cambridge-Mary	yland Hosp.	Col	onial	Avenue	
3. NAME OF (First) (M DECEASED:	iddle)	(Last)	4. DATE OF	(Month) (Da	y) (Year)
(Type or Print) Virginia		oten	DEATH	March	7, 19 55
female 6. COLOR OR 7. SINGLE, MA WIDOWED, (Specify) mail	RRIED, 8. DATE DIVORCED, 21 - 2	3-1935	. AGE last b		YEAR IF UNDER 24 HRS Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of   10b. KI	IND OF BUSINESS OF				CITIZEN OF WHA
TV a (Lauitan %)	wn home	Mary	land		U. S. A.
13. FATHER'S NAME:		14. MOTHER'S MAII			
J. Henry Bell		Melvina	Bromwe	11	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. So (Yes, no, or unk.) (If Yes, give war or dates of	CIAL SECURITY No.:	17. INFORMANT & A	DDRESS:		
no service)	none	Henry Bel	1. Cam	bridge, Ma	arvland
	18. MEDICA	AL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING	G TO DEATH:				INTERVAL BETWEEN
Immediate cause (a) Myoc	ardial Fai	lure			16 hrs
Immediate cause (a)			***************************************		
Antecedent cause(s)	onvulsions-	Epilepsy			entire life
Diseases or conditions, if any, (b)giving rise to the above cause DUE TO			***********	***************************************	
	ld birth in	inrv			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH	TING THE				
19a. DATE OF OPERATION:   19b. MAJOR FINDIN		· · · · · · · · · · · · · · · · · · ·			20. AUTOPSY?
A STATE OF THE STA					Yes No
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF CAUSE OF DEATH.   21b. PLACE OF INJURY	(Home, farm, factory, street, office bldg., etc.	21c. (City or town	1)	(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. IN.	JURY OCCURRED le at Not while	21f. HOW DID IN	JURY OCCU	IR?	
22. I hereby certify that I took charge of t	he remains describ	ed above, held an	Autopsy [	, Inspection	, Inquiry □. an
find that death resulted from: Natural	causes 🕱 , Accid	lent 🗌 , Suicide 🗀	], Homic	ide 🔲 , Undete	ermined cause
SIGNATURE John More	h.	DEPUT	MEDICAL I Y MEDICAL ANT MEDIC	EXAMINER P	3-10-55
23. BURLAL, OREMATION, DATE THEREOF REMOVAL (Specify):	NAME OF CEMETER	Y OR CREMATORY	LOCATIO	N (City, town, or c	county) (State)
Burial 13-10-55	East New M	arket		ast New Ma	arket. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATER.	TURE	24. FUNERAL DIR			ADDRESS
3-10-55 John Mace	Jr. m.D.	LeCompte			
		Cambridge	Tragil	l en d	

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information caretury. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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